

FILED NOV 12 1948

UNITED STATES DEPARTMENT OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 33654

Registrar's No. 79

Registration District No. 270

Primary Registration District No. 3050

1. PLACE OF DEATH:

(a) County Memphis  
(b) City or town Cathartsville  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: 507 Highland  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 28 years (Specify whether years, months or days)

3: (a) PRINT FULL NAME

Charles Kramer

3. (b) If veteran, ☒ name war

3. (c) Social Security No.

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced married

6. (b) Name of husband or wife Viola Kramer 6. (c) Age of husband or wife if alive 54 years

7. Birth date of deceased July 4 1883  
(Month) (Day) (Year)

8. AGE: Years 65 Months 4 Days 23 If less than one day hr min

9. Birthplace Loosher (City, town, or county) Ind. (State or foreign country)

10. Usual occupation

11. Industry or business Merchant

12. Name unknown

13. Birthplace (City, town, or county) (State or foreign country)

14. Maiden name

15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant Mrs. Viola Kramer

(b) Address Cathartsville, Mo.

17. (a) Burial (b) Date thereof Oct. 22-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Little Prairie

18. (a) Signature of funeral director Ed. J. Kelly

(b) Address Cathartsville, Mo.

19. (a) 11-8-48 (b) James B. Wilke  
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Democrat  
(c) City or town Cathartsville  
(If outside city or town limits, write "RURAL")  
(d) Street No. 507 Highland  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 27  
year 1948 hour 5 minute P M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_; and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis  
As history given by doctor in  
Memphis Tenn. Duration 6-19-48

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy CPU

PHYSICIAN

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? Yes

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury 3

23. Signature Ed. J. Kelly Coroner (M.D. or other)

Address Cathartsville, Mo. Date signed 10-28-48

WRITE PLAINLY—USE UNFADING BLACK INK—MAKE A PERMANENT RECORD

11-48-309

APR 30 1954

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....  
....., Registered Apprentice No.....  
working under my personal supervision.

Signed Nail C. Seave

Licensed Embalmer No. 3941

P. O. Address Cantharville, Mo

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, fact should be so stated above.**